

MEMORANDUM

July 8, 2005

TO: THE LOS ANGELES COUNTY CLAIMS BOARD

FROM: JACK M. SCHULER
Schuler & Brown

OWEN L. GALLAGHER
Principal Deputy County Counsel
General Litigation Division

RE: Eliodora Gomez de Perez, Adolfo Perez, Esvin Perez Gomez, Hilberth
Artanan Perez Gomez, Fender Adolfo Perez Gomez v.
County of Los Angeles
Los Angeles Superior Court, Central District Case No. BC308268

DATE OF
INCIDENT: May 13, 2003

AUTHORITY
REQUESTED: \$199,000

COUNTY
DEPARTMENT: DEPARTMENT OF HEALTH SERVICES

CLAIMS BOARD ACTION:

☐


Approve

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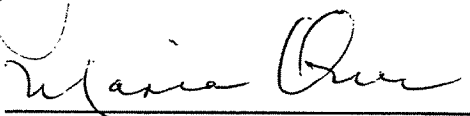
Disapprove

☒

Recommend to Board of
Supervisors for Approval


_____, Chief Administrative Office
ROCKY A. ARMFIELD


_____, County Counsel
JOHN F. KRATTLI


_____, Auditor-Controller
MARIA M. OMS

on August 1, 2005

SUMMARY

This is a recommendation to settle for \$199,000, the wrongful death lawsuit brought by Adolfo Perez (father) and Eliodora Gomez de Perez (mother) for the death of Judit Perez while hospitalized at Harbor/UCLA Medical Center on May 14, 2003. There is no Medi-Cal lien.

LEGAL PRINCIPLES

The County is liable for the failure of its hospital and medical staff to provide services consistent with the appropriate standard of care for the circumstances encountered.

SUMMARY OF FACTS

On May 11, 2003, at 9:17 p.m., Judit Perez, a 20-year-old woman, was seen in the Emergency Room at Valley Presbyterian Hospital (private facility) with complaints of a severe headache and dizziness for the prior two weeks. Medical personnel determined that Ms. Perez was suffering from an accumulation of fluid within the cranial cavity (cerebral edema), resulting in a widening of the cavities of the brain (hydrocephalus), which they believed was due to an infestation of the larval stage of the pork tapeworm (cysticercosis). If left untreated, hydrocephalus may cause an increase in pressure within the cranial cavity (intracranial pressure), resulting in brain tissue being forced from one compartment of the skull into another compartment of the skull (brain herniating). Ms. Perez was transferred to Harbor/UCLA Medical Center for further management.

On May 12, 2003, at 3:20 a.m., Ms. Perez was seen at Harbor/UCLA Medical Center. Medical personnel determined that Ms. Perez was suffering from hydrocephalus, which they believed was moderate in degree. Medical personnel planned to monitor Ms. Perez's neurologic condition every four hours.

On May 13, 2003, at 7:00 a.m., and at 8:50 a.m., Ms. Perez complained of severe head pain. At 10:30 a.m., Ms. Perez was seen by a physician. Although medical personnel considered the possibility of performing surgery to remove spinal fluid from Ms. Perez's brain (ventriculostomy) if her condition worsened, a decision was made to await the results of a diagnostic imaging procedure (MRI), which would confirm or eliminate the possibility that Ms. Perez's hydrocephalus was due to cysticercosis.

At 10:00 p.m., Ms. Perez was noted to be alert and oriented. However, it was noted that she was complaining of extreme head pain. At 10:30 p.m., Ms. Perez was found unresponsive. A breathing tube was inserted through her mouth, past the voice box (intubation), and she was placed on a mechanical device to aid respiration (ventilator). By 10:40 p.m., Ms. Perez was resuscitated.

However, although medical personnel were aware that Ms. Perez was suffering from hydrocephalus, and had complained of extreme head pain followed by unresponsiveness, medical personnel did not perform, by 10:40 p.m., an emergency ventriculostomy to relieve increasing intracranial pressure resulting from hydrocephalus. Instead, because Ms. Perez was awake, medical personnel decided to perform an imaging study generated by computer synthesis of X-ray data (CT scan) to eliminate the possibility that Ms. Perez's condition was due to bleeding within the brain (cerebral hemorrhage). The results of the CT scan performed at 11:00 p.m., were interpreted as showing hydrocephalus probably due to cysticercosis.

On May 14, 2003, at 12:15 a.m., it was noted that the pupils of Ms. Perez's eyes were fixed and dilated, a sign of severe mental deterioration. At 1:00 a.m., Ms. Perez underwent a ventriculostomy to relieve intracranial pressure. However, her condition failed to improve.

At about 9:30 a.m., Ms. Perez suffered a complete cessation of breathing and heart function (cardiopulmonary arrest). Although CPR was initiated, she could not be resuscitated. Judit Perez was pronounced dead at 9:42 a.m. Medical experts will attribute the cause of Ms. Perez's death to brainstem herniating, caused by severe intracranial pressure produced by hydrocephalus, resulting from cysticercosis.

DAMAGES

If this matter proceeds to trial, the claimants will likely seek the following:

Adolfo Perez,		
Loss of Care, Comfort		
and Companionship (MICRA limit)		\$125,000
Eliodora Gomez de Perez,		
Loss of Care, Comfort		
and Companionship (MICRA limit)		\$125,000
Costs of Litigation		\$ 20,000
Funeral Expenses		\$ <u>7,100</u>
	TOTAL	\$277,100

The proposed settlement includes:

Adolfo Perez,		
Loss of Care, Comfort		
and Companionship		\$ 63,792
Eliodora Gomez de Perez,		
Loss of Care, Comfort		
and Companionship		\$ 63,792
Attorneys Fees (MICRA Estimate)		\$ 61,416

Costs of Litigation		\$ <u>10,000</u>
	TOTAL	\$199,000

STATUS OF CASE

The current trial date has been vacated pending approval of this settlement.

Expenses incurred by the County of Los Angeles in the defense of this case through June 22, 2005, are attorneys fees of \$76,364 and \$20,577 in costs.

The total cost to the County of Los Angeles, as a result of this settlement, is as follows:

Indemnity (Settlement Amount)	\$199,000
County Attorneys Fees and Costs	\$ <u>96,941</u>
TOTAL	\$295,941

EVALUATION

Medical experts will be critical of the failure of medical personnel to perform a ventriculostomy on Judit Perez by 10:40 p.m., on May 13, 2003, to relieve increasing intracranial pressure resulting from hydrocephalus. This failure fell below the standard of care and is directly responsible for the results observed here.

We join with our private counsel, Schuler & Brown, and our claims administrator, Octagon Risk Services, Inc., in recommending settlement in the amount of \$199,000.

The Department of Health Services concurs in this settlement.